

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6400 63-043793  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED DEC 1 1963

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City,</b>		c. CITY OR TOWN <b>Overland Park,</b>	
Length of stay in 1b <b>9 Hours</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hosp. K.C. Mo</b>		d. STREET ADDRESS (If outside, give location) <b>9718 Chadwick</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>-----</b> Last <b>Bramscher</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>24,</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/24/1963</b>
9. AGE (last birthday) <b>-----</b>		IF UNDER 1 YEAR Months <b>-----</b> Days <b>-----</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baby</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>	
11. BIRTHPLACE (City and state or country) <b>Kansas City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Kenneth A. Bramscher</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jones</b>	
14. NAME OF HUSBAND OR WIFE <b>-----</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>-----</b>		17. INFORMANT Address <b>Overland Park, Kas.</b> <b>Mr. Kenneth A. Bramscher</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hyposia</b> DUE TO (b) <b>Asphyxia</b> DUE TO (c) <b>Prematurity &amp; Fresh Sepsis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>-----</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>-----</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>-----</b>	
20c. TIME OF INJURY Hour <b>-----</b> a.m. <b>-----</b> p.m. <b>-----</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>-----</b>		20f. CITY, TOWN, OR LOCATION <b>Overland Park, Kansas</b>	
21. I attended the deceased from <b>11-24-63</b> to <b>11-24-63</b> and last saw her/him alive on <b>11-24-63</b> Death occurred at <b>-----</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Samuel P. Miller MD</b> (Degree or title)	
22b. ADDRESS <b>4701 Pine K.C. Mo</b>		22c. DATE SIGNED <b>11/27/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-26-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Kansas City, Missouri.</b>		23e. STATE <b>Missouri.</b>	
24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons</b>		25. DATE RECD. BY LOCAL REG. <b>11-26-63</b>	
26. REGISTRAR'S SIGNATURE <b>Bessie Smith</b>		27. ADDRESS <b>Overland Park, Kansas.</b>	

DOCUMENT

BY AFFIDAVIT OF  
Gerald L. Miller

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

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9762.5

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Dr. Gerald Miller  
4706 Broadway  
Lo. 1-9496

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Gerald L. Eternacht*

Licensed Embalmer No.

3035

P. O. Address

*Riverland Park, Tenn*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.